

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010888

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1483

FILED APR 2 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Kansas City

Length of stay in 1b

63 YEARS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

St. Luke's Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

Inside Limits

Yes ☒ No ☐

c. CITY

Kansas City

OR
TOWN

d. STREET (If outside, give location)

4200 Walnut Street

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

GERTRUDE

SALLY

DICKINSON

4. DATE
OF
DEATH

Month

Day

Year

March 12, 1962

5. SEX

Female

6. COLOR OR RACE

Cauc.

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9/28/98

9. AGE (last birthday)

63

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NURSES AID

10b. KIND OF BUSINESS OR INDUSTRY

LUKE'S HOSPITAL

11. BIRTHPLACE (City and state or country)

KANSAS CITY, MO.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

GEORGE GILLESPIE HINDMAN

13b. MOTHER'S MAIDEN NAME

LILLIAN BEULAH PINER

14. NAME OF HUSBAND OR WIFE

EVERETT OMEGA DICKINSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Miss Ruth Hindman, 4200 Walnut St. Kansas City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Respiratory Failure

INTERVAL BETWEEN ONSET AND DEATH

1 hour

DUE TO (b)

Hypertensive Encephalopathy

3 hrs

DUE TO (c)

Acute Hypertension

8 hrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Severe Coronary & Aortic Sclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Month, Day, Year

Hour

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

6:50 A.

and last saw her alive on

3-12-62

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

George K. Bond M.D.

22b. ADDRESS

5111 Independence Ave

22c. DATE SIGNED

3-13-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

CREMATION

23b. DATE

MAR. 14, 1962

23c. NAME OF CEMETERY OR CREMATORY

D. W. NEWCOMER'S SONS KANSAS CITY

23d. LOCATION (City, town, or county)

MISSOURI

24. FUNERAL DIRECTOR

1331 Brush Creek Blvd.

25. DATE RECD. BY LOCAL REG.

3-14-62

26. REGISTRAR'S SIGNATURE

Ruth Long

D.W. Newcomer's Sons, Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF George K. Bond

W. George K. Boyd
5111 Independence Avenue
1:00-5:00

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No. 3035

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.